

Pharmacy and Therapeutics Advisory Committee Recommendations

September 16, 2004 Meeting

This chart provides a summary of the recommendations that were made by the Pharmacy and Therapeutics Advisory Committee at the September 16, 2004, meeting. Review of the recommendations by the Secretary of the Cabinet for Health and Family Services and final decisions are pending.

	Description of Recommendation	P & T Vote
#1	<p>Beta Adrenergic Bronchodilators</p> <ol style="list-style-type: none"> 1. All short acting Beta-agonist agents are equivalent in efficacy and safety with the exception of metaproteranol when administered at comparable doses and all long acting Beta-agonist agents are equivalent in efficacy and safety when administered at comparable doses. 2. An oral extended-release formulation of albuterol should be available for those patients who cannot tolerate or use an inhaled long-acting beta-agonist agent. 3. Due to efficacy and safety concerns place a PA on metaproteranol (short acting beta-agonists). 4. Select the following for inclusion on the PDL: albuterol oral generic, albuterol inhaled generic, terbutaline oral generic, albuterol nebulized inhalation, Proventil HFA inhalation, Accuneb inhalation, Serevent Inhalation, and Xopenex Inhalation. 5. Place a PA requirement on the following: metaproterenol oral, Alupent Inhalation, Maxair Inhalation, Ventolin HFA inhaler, Vospire ER oral, Foradil Inhalation, metaproterenol inhalation. 6. Continue prior authorization for Xolair using current criteria from the September 18, 2003 P&T meeting. 7. For any new chemical entity in the Beta-agonist class, require a PA and quantity limit until reviewed by the P&T Advisory Committee. 	<p>Passed 8 - For 0 - Against</p>
#2	<p>Inhaled Corticosteroids</p> <ol style="list-style-type: none"> 1. All inhaled oral corticosteroids are equivalent in efficacy when administered at comparable doses. 2. Select the following for inclusion on the PDL: Azmacort inhalation, Aerobid, Aerobid-M, QVAR inhalation, Flovent inhalation, Advair Diskus inhalation and Pulmicort Respules. 3. For any new chemical entity in the inhaled oral corticosteroids class, require a PA and quantity limit until reviewed by the P&T Advisory Committee. 	<p>Passed 8 - For 0 - Against</p>

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	Description of Recommendation	P & T Vote
#3	Nasal Corticosteroids <ol style="list-style-type: none"> 1. The nasal corticosteroids are clinically equivalent. 2. Select the following for inclusion on the PDL: Nasarel, Flonase, Nasonex. 3. Require a PA on the following: Beconase AQ, Rhinocort Aqua, Nasacort AQ, flunisolide nasal. 4. Place a quantity limit of one inhaler unit per 30 day supply. 5. For any new chemical entity in the nasal corticosteroid class require a PA and quantity limit until reviewed by the P&T advisory Committee. 	Passed 8 – For 0 - Against
#4	Quinolones, 1st, 2nd and 3rd generation <ol style="list-style-type: none"> 1. Place all 1st, 2nd and 3rd generation quinolones on the PDL. 2. For any new chemical entity in the fluoroquinolone antibiotic class require a PA and quantity limit until reviewed by the P&T advisory Committee. 	Passed 8 - For 0 - Against